

▶ 20. Use of mobility aid: (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Electric Wheelchair																																																																																																																																																																					
▶ 21. Vision Impairment <input type="checkbox"/> ★	▶ 22. Hearing Impairment <input type="checkbox"/> ★																																																																																																																																																																				
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▶ 25. Prior Mental Health Treatment: 0 <input type="checkbox"/> No history 1 <input type="checkbox"/> Counseling 2 <input type="checkbox"/> One hospitalization 3 <input type="checkbox"/> More than one hospitalization																																																																																																																																																																					
▶ 26. During the past 12 months, did you take any prescription medication that was prescribed for you to treat a mental or emotional condition? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown																																																																																																																																																																					
▶ 27. Number of prior admissions to each substance abuse treatment modality (0 - 5 admissions, '5' = 5 or more, 99=unknown) Do not count this tx. episode. <input type="text"/> Detox <input type="text"/> Outpatient <input type="text"/> Drunk Driver <input type="text"/> Other <input type="text"/> Residential <input type="text"/> Opioid <input type="text"/> Section 35																																																																																																																																																																					
▶ 28. Currently receiving services from a state agency: (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> DMH does client have a case mgr.? <input type="checkbox"/> DTA e.g. food stamps <input type="checkbox"/> MCDHH MA Commission for Deaf <input type="checkbox"/> DCF was DSS <input type="checkbox"/> DDS was DMR <input type="checkbox"/> MRC Mass Rehab Commission <input type="checkbox"/> Other <input type="checkbox"/> DYS youth services <input type="checkbox"/> DPH e.g. HIV/STD; not BSAS tx.. <input type="checkbox"/> MCB Commission for Blind <i>See manual for system generated associations (e.g. Client Type Probation – OCP services.)</i>																																																																																																																																																																					
▶ 29. Number of arrests in the past 30 days? <input type="text"/> (Section 35 is not an arrest, it is a civil commitment)																																																																																																																																																																					
▶ 30. History Substance Mis-use, Nicotine/Tobacco Use & Gambling For pharmaceutical drugs prescribed for the client, only code misuse (more than the recommended dosage) or non-medical use. (Example - If the client was prescribed a benzodiazepine for a mental health disorder and used per instruction, do not list on History Table.) Note: For the safety of the client all drugs used must be recorded in the client record.(See Manual for commercial names.)																																																																																																																																																																					
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31a. Number of cigarettes currently smoked per day (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes)

If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Q 31b.

If client does not have a history of nicotine/tobacco use, skip Q s 31a & b and go to Q 32a.

31b. Interest in stopping nicotine/tobacco use at Enrollment:

1 ☐ No

3 ☐ Yes, Within 30 days

88 ☐ Refused

2 ☐ Yes, Within 6 Months

4 ☐ Does Not Apply (already stopped)

99 ☐ Unknown

32a. Types of last regular gambling (check all that apply) If person does not have a gambling history, skip Qs. 32a & b and go to Q. 33.

☐ Lottery - Scratch Tickets

☐ Slot Machines

☐ Sports Betting

☐ Stock Market

☐ Lottery - Keno

☐ Casino Games

☐ Bingo

☐ Internet Gambling

☐ Lottery/Numbers Games

☐ Card Games

☐ Dog/Horse Tracks, Jai Alai

32b. Have you ever thought you might have a gambling problem, or been told you might? ☐ Yes ☐ No ☐ Refused

Nicotine/Tobacco and Gambling CANNOT be marked as a primary/secondary/or tertiary drug. This applies for Substances A through U Only.

IT IS VITAL THAT PATIENTS BE ASKED IF THEY HAVE a SECONDARY and/or TERTIARY DRUG OF CHOICE. Clinicians may rank substances based on their clinical opinion after review of the substance use history and not necessarily client report.

► **33. Rank substances by entering corresponding letter for substances listed above in Question 30. (If no secondary or tertiary substance, leave blank)**

Primary Substance

Secondary Substance

Tertiary Substance

► **34. Needle Use?**

0 ☐ Never

1 ☐ 12 or more months ago

2 ☐ 3 to 11 months ago

3 ☐ 1 to 2 months ago

4 ☐ Past 30 days

5 ☐ Last week

► **35a. How many overdoses have you had in your lifetime:**

► **35b. How many overdoses have you had in past year?**

★ Q10. Source of Referral at Enrollment					
Code		Code		Code	
01	Self, Family, Non-medical Professional	20	<i>Change</i> Health Care Professional, Hospital	67	Department of Corrections
02	BMC Central Intake/Room 5	21	Emergency Room	68	Office of the Commissioner of Probation
03	ATS/Detox	22	HIV/AIDS Programs	69	Massachusetts Parole Board
04	Transitional Support Services/TSS	23	Needle Exchange Programs	70	Dept. of Youth Services
05	Clinical Stabilization Services/CSS-CMID		24 through 25 Discontinued	71	Dept. of Children and Families
06	Residential Treatment	26	<i>New</i> Mental Health Care Professional	72	Dept. of Mental Health
07	Outpatient SA Counseling	30	School Personnel, School System/Colleges	73	Dept. of Developmental Services
08	Opioid Treatment	31	<i>New Recovery</i> High School		74 through 76 Discontinued
09	Drunk Driving Program		32 through 39 Discontinued	77	Mass. Rehab. Commission
10	Acupuncture	40	Supervisor/Employee Counselor	78	Mass. Commission for the Blind
11	Gambling Program		41 through 49 Discontinued	79	Mass. Comm. For Deaf & Hard of Hearing
	Note: Sec 35 Options are grouped although numbers are not in sequence. Select correct #				
		50	Shelter	80	Other State Agency
12	Sec 35 (WATC & MATC)	51	Community or Religious Organization		81 Discontinued
24	Sec 35 Bridgewater MASAC		52 through 58 Discontinued	99	Unknown
25	Sec 35 Framingham MCI	59	Drug Court		
	13 Discontinued	60	Court - Section 35		
14	Sober House	63	Court - Other		
15	Information and Referral	64	Prerelease, Legal Aid, Police		
17	Second Offender Aftercare	65	County House of Corrections/Jail		
16	<i>New</i> Recovery Support Centers	66	Office of Community Corrections		
18	Family Intervention Program				
19	Other Substance Abuse Treatment				

★ Q 11 Frequency of Attendance at Self-Help Programs			
Code		Code	
01	No attendance in the past month	05	16-30 times in past month (4 or more times per week)
02	1-3 times in past month (less than once per week)	06	Some attendance, but frequency unknown
03	4-7 times in past month (about once per week)	99	Unknown
04	8-15 times in past month (2 or 3 times per week)		

★ Q 16 Employment Status at Enrollment					
Code		Code		Code	
1	Working Full Time	6	Not in Labor Force - Retired	11	Volunteer
2	Working Part time	7	Not in Labor Force - Disabled	12	Other
3	Unemployed - looking	8	Not in labor force - Homemaker	13	Maternity/Family Leave
4	Unemployed – Not Looking	9	Not in labor force - Other	99	Unknown
5	Not in labor force – Student	10	Not in labor force - Incarcerated		

Code	★ Q. 21 Vision Impairment
0	None: Normal Vision
1	Slight: vision can be or is corrected with glasses/lenses
2	Moderate: "Legally blind" but having some minimal vision
3	Severe: No usable vision

Code	★ Q. 22 Hearing Impairment
0	None: Normal hearing requiring no correction
1	Slight: Hearing is or can be adequately corrected with amplification (eg hearing aid)
2	Moderate: Hard of hearing, even with amplification
3	Severe: Profound deafness

Code	★ Q 23 Self Care/ADL Impairment
0	None: No problem accomplishing ADL skills such as bathing, dressing and other self-care
1	Slight: Uses adaptive device(s) and/or takes additional time to accomplish ADL but does not require attendant
2	Moderate: Needs personal attendant up to 20 hours a week for ADL
3	Severe: Requires personal attendant for over 20 hours a week for ADL

Code	★ Q. 24 Developmental Disability
0	None
1	Slight Developmental Disability
2	Moderate Developmental Disability
3	Severe Developmental Disability

★ Q 30: SUBSTANCE MIS-USE / NICOTINE/TOBACCO / GAMBLING HISTORY					
Code	Last Use Substances	Code	Frequency of Last Use/bet	Code	Route of Administration
1	12 or more months ago	1	Less than once a month	1	Oral (swallow and/or chewing)
2	3-11 months ago	2	1-3 times a month	2	Smoking
3	1-2 months ago	3	1-2 times a week	3	Inhalation
4	Past 30 days	4	3-6 times a week	4	Injection
5	Used in last week	5	Daily	5	Other
		99	Unknown		